

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| |
|----------------------------|
| ACCOUNT BILLED |
| AMERICAN GILSONITE COMPANY |

| |
|--------------|
| PROJECT NAME |
| BONANZA |

| |
|------------|
| PROJECT ID |
| M470010 |

| | | |
|------------|------------|------------|
| DUE DATE | ANNUAL FEE | AMOUNT DUE |
| 07/25/2003 | \$1,000 | \$1,000 |

| |
|-----------------------------|
| TAX ID OR SOCIAL SECURITY # |
| |

| |
|------------------------------------------------------------------|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

| | |
|--------------------------|-------------------------|
| <i>Change of Address</i> | |
| Contact | _____ |
| Address | _____ _____ _____ |
| E-Mail Address | _____ |
| State | _____ |
| Phone | _____ |
| Zip | _____ |

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

***Please make check payable to:
Division of Oil, Gas and Mining***

RECEIVED
AUG 01 2003
DIV. OF OIL, GAS & MINING